

INSTRUCTIONS FOR FILING & REQUIREMENTS FOR LICENSE - SPEECH PATHOLOGIST or AUDIOLOGIST

Access this form via website at: www.state.hi.us/dcca/pvl

Applicants are subject to requirements in effect at the time of filing.

INSTRUCTIONS TO ALL APPLICANTS

APPLICATION

Type or print legibly in dark ink and sign application.

- **Failure to provide all the requested information will delay the processing of your application.**

FEES

Make check payable to: "COMMERCE & CONSUMER AFFAIRS".

If license will be issued in an EVEN-NUMBERED year, pay..... \$195
(Application - \$50**, License - \$50, Compliance Resolution Fund - \$70,
1/2 Renewal - \$25)

If license will be issued in an ODD-NUMBERED year, pay \$135*
(Application - \$50**, License - \$50, Compliance Resolution Fund - \$35)

* Subject to renewal December 31, odd-numbered year.

** Application fee is not refundable.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

BOARD'S ADDRESS

Mail all required items to:

Board of Speech Pathology & Audiology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to office location at:

1010 Richards St., 1st Floor
Honolulu, HI 96813
or
Phone: (808) 586-3000

LAWS & RULES PUBLICATION

To obtain a copy of the Speech Pathology and Audiology laws, Chapter 468E, and rules, Chapter 100, send \$1.25 to: "CASHIER", Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. (Price subject to change without notice.)

- The laws and rules are posted on our website at: www.state.hi.us/dcca. Look under "Obtaining Information".

METHODS OF LICENSURE

LICENSURE BASED ON CERT. OF CLINICAL COMPETENCE (CCC) AWARDED BY THE AMERICAN SPEECH- LANGUAGE-HEARING ASSOCIATION (ASHA)

Have ASHA send AN OFFICIAL LETTER to the Board indicating that you currently hold the CCC in speech pathology or audiology. The letter must be dated within six (6) months of the date of your application and must contain your ASHA account number and the date the certificate was issued.

See attached SAMPLE for acceptable evidence of current certification.

LICENSURE BASED ON EXAMINATION

Before submitting an application for license based on examination, it is highly recommended that you review the law and rules regarding speech pathology and audiology. Section 16-100-20, Hawaii Administrative Rules (HAR) sets forth the board's requirements. (See previous section entitled "Laws & Rules Publication" on how to obtain copies.)

The following documents or information, which verifies that you met ASHA's eligibility requirements for a CCC, must be submitted:

(CONTINUED ON BACK)

METHODS OF LICENSURE (Cont.)

LICENSURE BASED ON EXAMINATION (Cont.)

1. Evidence of completion of at least 375 hours of supervised clinical observation and clinical practicum with individuals presenting a variety of communication disorders, which shall have been obtained within the training institution or a cooperating program.
2. Copy of master's degree in speech pathology or audiology.*
3. Evidence of completion of a clinical fellowship that began after academic coursework and clinical observation and clinical practicum were completed. The fellowship shall have consisted of at least 36 weeks of full-time professional experience or its part-time equivalent under the supervision of an individual possessing the CCC in the area of practice for which license is being sought.

SUBMIT letter(s) from employer(s) containing dates of employment, hours worked per week, description of your work experience and training, name and CCC number of supervisor.

4. Three (3) letters of recommendation from your supervisors or colleagues describing your work experience or university training in speech pathology or audiology.
5. Evidence that you successfully passed the written examination.** Have the testing service send official passing score report directly to the Board.

- * The board will recognize an equivalency to a master's degree as provided in Section 16-100-200(c), HAR. In addition to all other required documents:

ATTACH official transcripts, including the school's seal, verifying the bachelor's degree was conferred;
and

ATTACH official transcripts, including the school's seal, verifying completion of specific coursework as provided in Section 16-100-200(c), HAR.

- ** Apply directly to Educational Testing Service (ETS) to take the Praxis II Specialty Area Test in Speech Pathology or Audiology at:

The Praxis Series – Educational Testing Service
P.O. Box 6051
Princeton, NJ 08541-6051

or

www.praxis.org/licensure/praxis/

REGISTER TEMPORARY SERVICE WITH THE BOARD

If you are not a resident of Hawaii and are not a licensed speech pathologist or audiologist in Hawaii and are performing these services temporarily in Hawaii and in cooperation with a speech pathologist or audiologist licensed in Hawaii, you must register with the board.

Submit a letter signed by you and the licensee stating the period covered and pay a non-refundable \$25 fee.

5 working days maximum allowable in any calendar year if you meet requirements for license as provided in Section 468E-5, Hawaii Revised Statutes (possess a master's degree or its equivalent, Section 16-100-20, HAR), and eligible for ASHA's CCC.

30 working days maximum allowable in any calendar year if you are licensed in another state with requirements at least equal to Section 468E-5, Hawaii Revised Statutes, or hold ASHA's CCC.

ABANDONMENT OF APPLICATION

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

MAINTAINING A LICENSE

All licenses, regardless of issuance date, expire on December 31 of odd-numbered years. Licenses are subject to renewal on or before license expiration date. About four to six weeks before license expiration date, a courtesy renewal notice/application is mailed to each current licensee at the last known address of record. Therefore, you must inform the Board of changes in your address in writing.

This material can be made available to individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Date:

License No.

FOR OFFICE USE

(LAST)

Residence Address (include Apt. No., City, State & Zip Code)

Mailing Address (ONLY if different from residence)

Social Security No.

Phone No. (days)

Other Names Used:

Circle Type of License applying for (one only):
If applying for both licenses, submit 2 separate applications with required documents and fees.

SPEECH PATHOLOGIST

AUDIOLOGIST

Circle or underline answer:

- | | | | |
|----|---|-----|----|
| 1. | Are you at least 18 years of age? | YES | NO |
| 2. | Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.? | YES | NO |
| 3. | Were you previously licensed in Hawaii? | YES | NO |
| | If yes, date _____ Lic. No. _____ | | |
| 4. | In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? | YES | NO |
| | <i>(EXPLAIN A 'YES' RESPONSE ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTS.)</i> | | |
| 5. | Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? | YES | NO |
| | <i>(EXPLAIN A 'YES' RESPONSE ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTS.)</i> | | |
| 6. | Are there any disciplinary actions pending against you? | YES | NO |
| | <i>(EXPLAIN A 'YES' RESPONSE ON A SEPARATE SHEET AND SUBMIT PERTINENT DOCUMENTS.)</i> | | |

METHOD OF LICENSURE

Check [] for method of licensure you are seeking (see *attached instructions* for explanation of each category):

[1] ASHA CERTIFICATE OF CLINICAL COMPETENCE

[] EXAMINATION

EDUCATION

Name & Location (city/state)
of College/University

Course of Study

Dates (mo/yr)

From

To

Degree
Earned

Affidavit of applicant:

I hereby certify that the answers and statements on this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor, Sec. 710-1017, Hawaii Revised Statutes.

Date _____

Signature of Applicant

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App	603	\$50
Lic	604	\$50
CRF	607	\$35/\$70

½ Ren	600	\$25
Temp Reg	606	\$25
Service Fee	BCE	\$15

**LICENSING BRANCH
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

To receive confirmation of your license, fill in your name and mailing address in the block below on the "Notice of Licensure" form. This confirmation will take about 3 weeks to process. The license card will take about 6 weeks to process.

NOTICE OF LICENSURE

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

This is authorization to act as a **SPEECH PATHOLOGIST/AUDIOLOGIST** until such time that a license is processed.

THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD.

Print name & mailing address in block below:

License No. _____

Effective Date _____

Expiration Date 12/31/_____

Executive Officer



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

VERIFICATION OF CERTIFICATION

Date:

TO: HI Board of SLP & Audiology
P O BOX 3469
Honolulu, HI 96801

This form serves as the official verification that the individual named below holds a Certificate of Clinical Competence as is issued by the American Speech Language-Hearing Association (ASHA). ASHA certification must be renewed on a yearly basis. Please note the effective date and the valid through date at the bottom of this letter.

ASHA does not issue certification numbers. Certification records are accessible with the account number provided below. If future verification is needed for this individual, please contact the ASHA National Office with this account number.

Reference Name:

ASHA Account Number:

Area of Certification:

Effective Date of Certification:

Valid Through:

SAMPLE